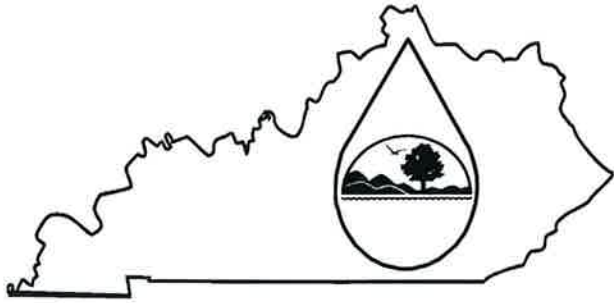


KPDES FORM 1

AI# 1659



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

CK 200-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0094757
A. Name of business, municipality, company, etc. requesting permit Kentucky Concrete Inc			
B. Facility Name and Location		C. Facility Owner/Mailing Address	
Facility Location Name: Elizabethtown Concrete		Owner Name: Kentucky Concrete Inc	
Facility Location Address (i.e. street, road, etc.): 300 Sportsman Lake Road		Mailing Street: 3600 Leitchfield Road	
Facility Location City, State, Zip Code: Elizabethtown, Kentucky 42701		Mailing City, State, Zip Code: Cecilia, Kentucky 42724-9640	
		Telephone Number: 270-737-8296	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: The facility has completed work at the site on 8/29/2008 which resulted in a redirection of the water discharge from three outfalls to two outfalls. Our out fall #002 has been closed to prevent discharge and rerouting flow to outfall #001 leaving outfalls 001 and 003 as operational outfalls. The facility is a dry batch ready mix concrete facility that stores aggregate, cement and fly ash for concrete batching. Process waste water is generated when the exterior of the loadout trucks are washed, when the spray bar rinses the trucks as they leave the property, and from lot rinsing. A sedimentation basin is directly upgradient of each outfall.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	3273
Other SIC Codes:	

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Hardin	City where facility is located (if applicable): Elizabethtown
C. Body of water receiving discharge: sinkhole	
D. Facility Site Latitude (degrees, minutes, seconds): 37 39' 48N	Facility Site Longitude (degrees, minutes, seconds): 085 50' 23W

E. Method used to obtain latitude & longitude (see instructions):	Meridian "Magellan" GPS Receiver. accuracy = +/- 7 meters.
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	096545421

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: NA	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY0094757	Issue Date of Current Permit: November 1, 2004	Expiration Date of Current Permit: July 31, 2009
Number of Times Permit Reissued: 2	Date of Original Permit Issuance: June 13, 1990	Sludge Disposal Permit Number: NA
Kentucky DOW Operational Permit #: NA	Kentucky DSMRE Permit Number(s): NA	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	Permit # G-06-002 / ID # 21-093-00089	Expires 06/22/2016
Solid or Special Waste	NA	
Hazardous Waste - Registration or Permit	NA	

VI. DISCHARGE MONITORING REPORTS (DMRs)
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Jeff Blankley
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Shield Environmental Associates
DMR Mailing Street:	948 Floyd Drive
DMR Mailing City, State, Zip Code:	Lexington, KY 40505
DMR Official Telephone Number:	859 294 5155

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Non-Process Industry

Filing Fee Enclosed:

\$200

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

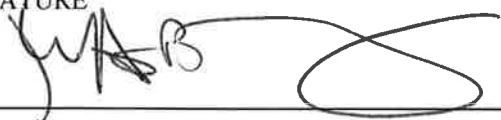
NAME AND OFFICIAL TITLE (type or print):

Jeff Blankley, General Manager

TELEPHONE NUMBER (area code and number):

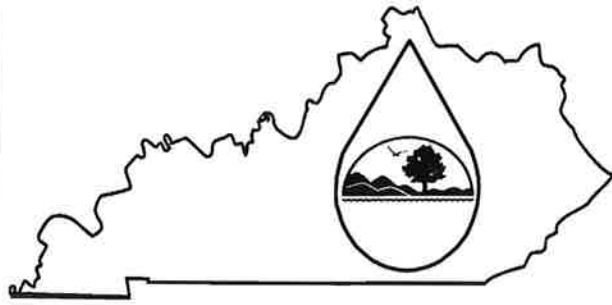
270-737-8296

SIGNATURE



DATE:

10/15/2008



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Elizabethtown Concrete											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	9	4	7	5	7
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				5 days a week for process water discharges, intermittent discharge for storm water							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): NA											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:						NA MGD					

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	39	49	85	50	25	sinkhole
002 CLOSED	37	39	46	85	50	20	NA outfall closed 8/29/2008
003	37	39	46	85	50	20	sinkhole
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Meridian "Magellan" GPS Receiver. accuracy = +/- 7 meters.			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
01	storm water	5241 GPD AVG	sedimentation basin	1-U, 2-K
	water from spray bar	2000 GPD AVG	sedimentation basin	1-U, 2-K
	lot rinsing	400 GPD AVG	sedimentation basin	1-U, 2-K
02	Out Fall Closed 8/29/2008			

V. Check the type(s) of wastewater discharged.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☒ Other (list): storm water, process wash water

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☒ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☒ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
03	storm water	8735 GPD AVG	sedimentation basin	1-U, 2-K
	truck washing	500 GPD AVG	sedimentation basin	1-U, 2-K

V. Check the type(s) of wastewater discharged.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☒ Other (list): storm water, process wash water

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☒ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☒ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

NA

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: NA (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	NA
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
NA	
TOTAL POPULATION SERVED	

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
NA		

XII. EFFLUENT CHARACTERISTICS


A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	NA per permit request waiver		
TOTAL SUSPENDED SOLIDS	22.5	22.5	2
FECAL COLIFORM	NA per permit request waiver		
TOTAL RESIDUAL CHLORINE	NA per permit request waiver		
OIL AND GREASE	< 5.0	< 5.0	2
CHEMICAL OXYGEN DEMAND	NA per permit request waiver		
TOTAL ORGANIC CARBON	NA per permit request waiver		
AMMONIA	NA per permit request waiver		
DISCHARGE FLOW	1.0 GPM	.625 GPM	2
PH	8.06	7.62	2
TEMPERATURE (WINTER)	NA per permit request waiver		
TEMPERATURE (SUMMER)	NA per permit request waiver		

B. Frequency and duration of flow: Truck washing 5 TPD x 30Min / Lot rinsing 2 TP/WK x 1.5Hours / Spray bar 50 TPD x 2.5 min (Note! TPD= Times per day, TP/WK= times per week) Also note all 3 outfalls can become intermittent at non production times this is the nature of the buisness.

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

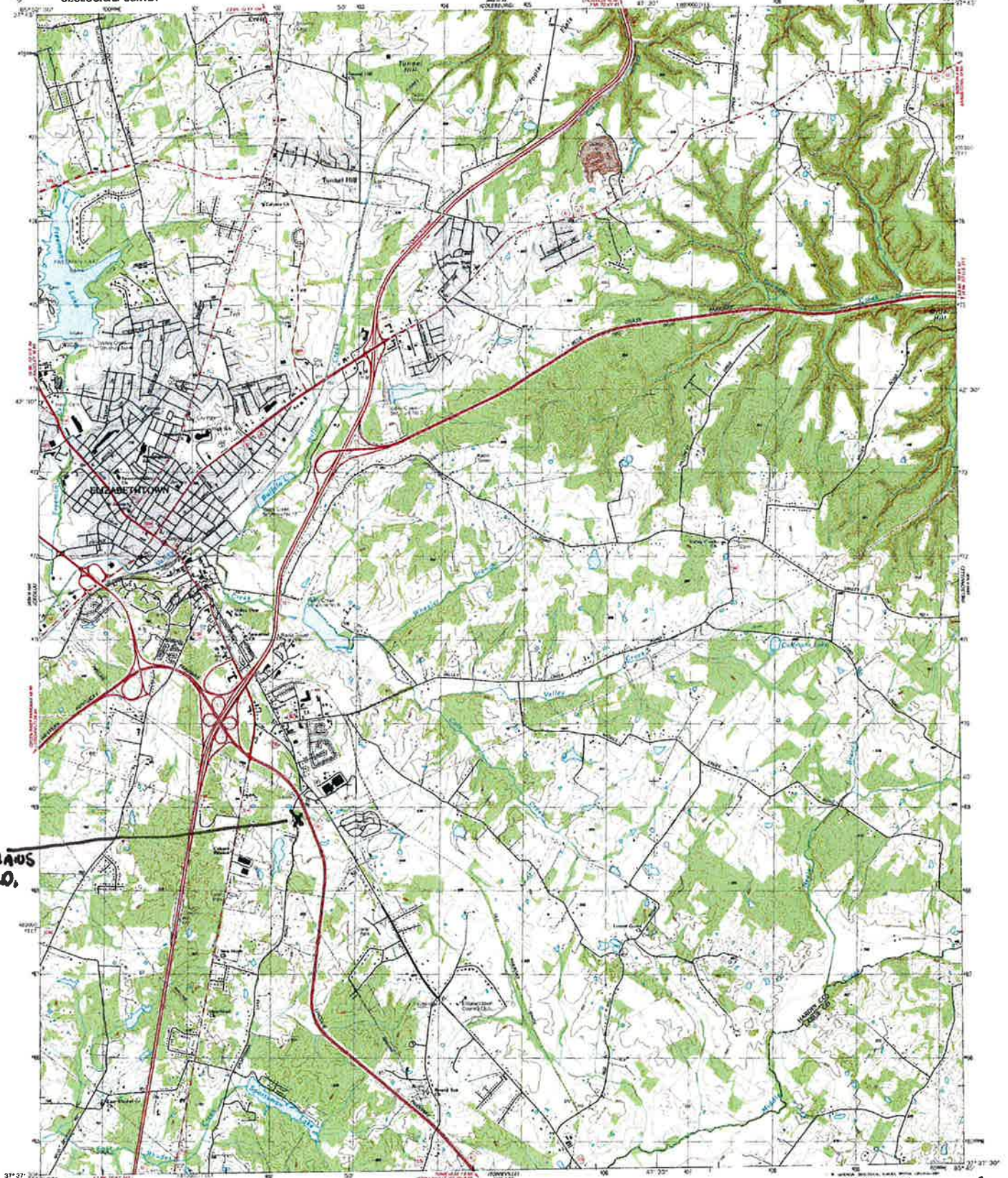
NAME AND OFFICIAL TITLE (type or print): Jeff Blankley, General Manager	TELEPHONE NUMBER (area code and number): 270-737-8296
SIGNATURE 	DATE 10/15/2008

KPOES PERMIT # KY0094757

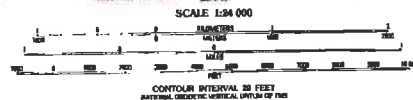
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

ELIZABETHTOWN QUADRANGLE
KENTUCKY
7.5 MINUTE SERIES (TOPOGRAPHIC)

300
SPORTSMANS
LAKE RD.



Produced by the United States Geological Survey
Control by USGS and NOAA
Compiled from aerial photographs taken 1988
Field checked 1989. Map dated 1991
Projection and 1000-meter grid, zone 16
Universal Transverse Mercator
63,000-foot grid takes Kentucky coordinate system, zone 16
1927 North American Datum
The difference between 1927 North American Datum and North
American Datum of 1983 (NAD 83) for 7.5-minute intersections
is given in USGS Bulletin 1875. The NAD 83 is shown by
dashed corner dots
Gray dot indicates areas in which only landmark buildings are shown
Plus red dashed lines indicate selected fence and field lines when
generally visible on aerial photographs. This information is unclassified

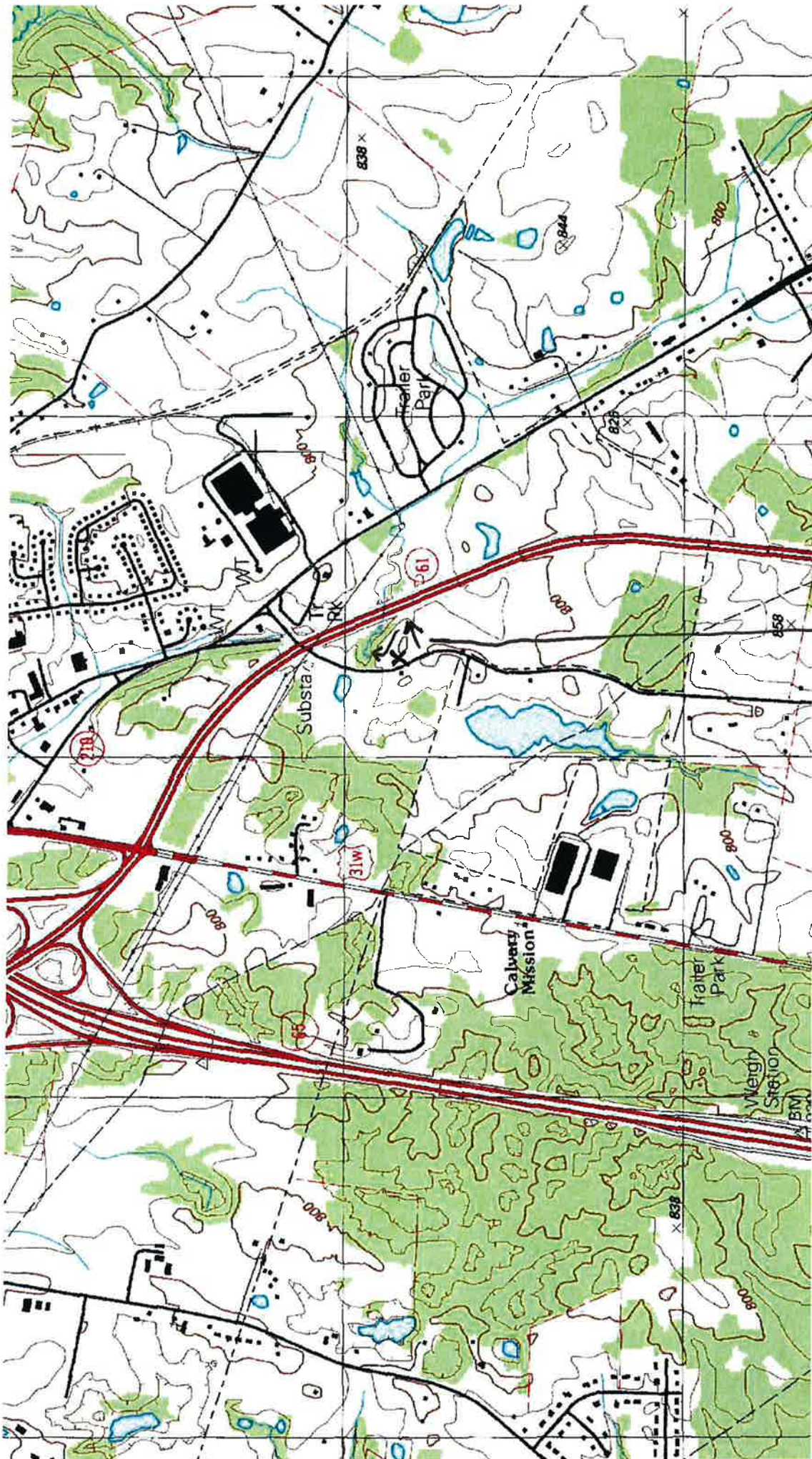


THIS MAP COMPLETES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
KENTUCKY GEOLOGICAL SURVEY, LEXINGTON, KENTUCKY 40506
AND KENTUCKY DEPARTMENT OF COMMERCE, FRANKFORT, KENTUCKY 40601
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



ROAD CLASSIFICATION
Primary highways: light gray road, hard or
hard surface
Secondary highways: light gray road, hard or
hard surface
Unimproved road
Interstate Route
U.S. Route
State Route
County Route

ELIZABETHTOWN, KY.
37065-7770
1991
DMS 3610 IN RESOURCES 1000

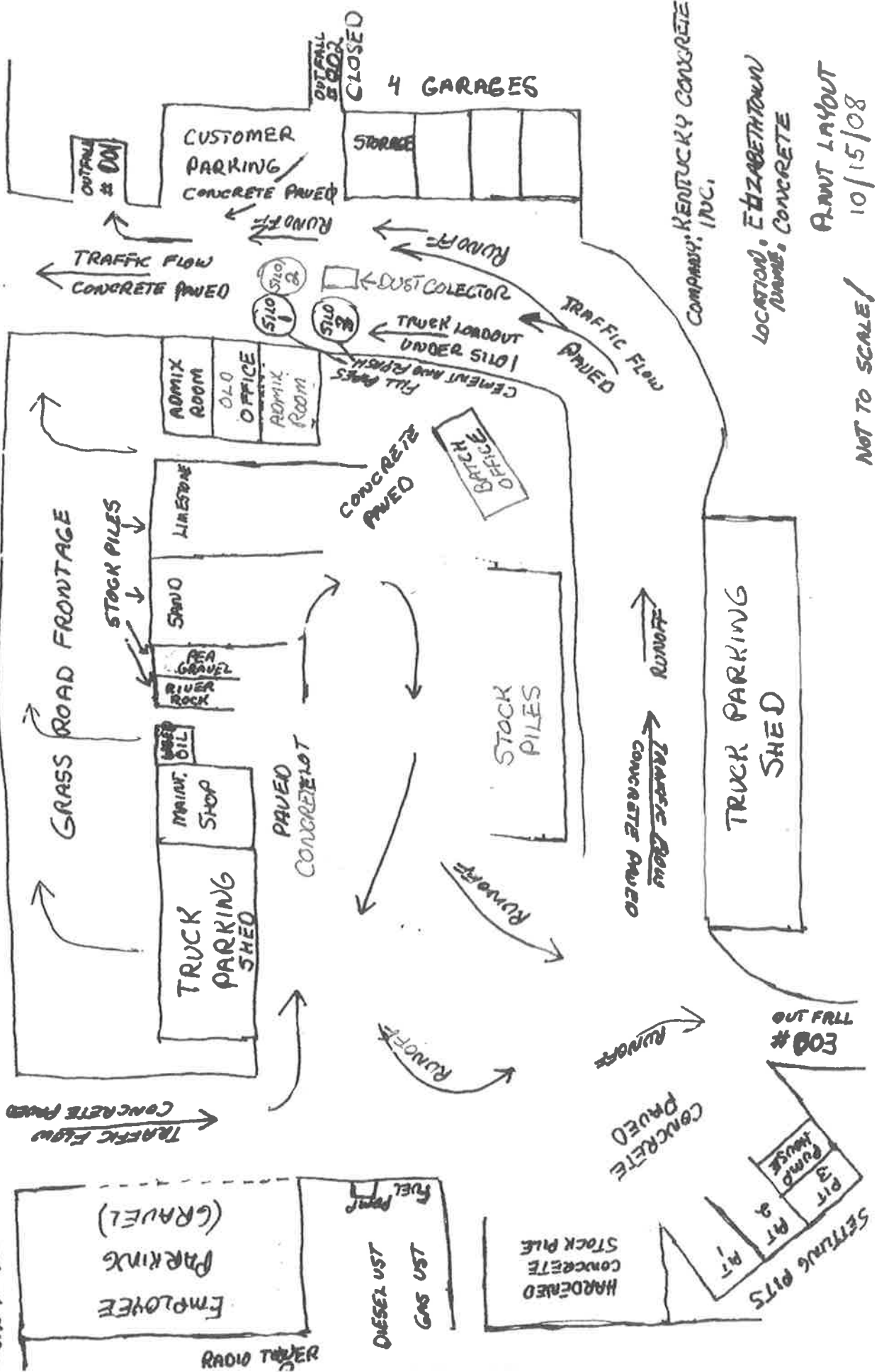


DRAINAGE

TO
HWY 61

SPORTSMANS LAKE RD

1431W N GLENDALE



COMPANY: KENTUCKY CONCRETE
INDC.

LOCATION: ELIZABETHTOWN
NAME: CONCRETE

PLANT LAYOUT
10/15/08

NOT TO SCALE